

744 BROAD STREET, NEWARK, NEW JERSEY 07102-3881 www.njiaa.org

<b>PRODUCER</b>  <b>TELEPHONE NO.</b>  <b>LICENSE NO.</b>	I CERTIFY THAT I AM A LICENSED BROKER OR AGENT OF THE STATE OF NEW JERSEY. I HAVE EXPLAINED TO THE APPLICANT THE NATURE OF THE INSURANCE APPLIED FOR AND HAVE INCLUDED IN THIS APPLICATION ALL REQUIRED INFORMATION WHICH I BELIEVE TO BE ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN THE EVENT THE POLICY IS VOID, CANCELLED OR CHANGE MADE RESULTING IN A RETURN OF PREMIUM TO THE INSURED, I AGREE TO RETURN THE UNEARNED COMMISSION PORTION OF THE RETURN PREMIUM.  _____ SIGNATURE OF PRODUCER
<b>TIN OR SS NO.</b>	_____ DATE (MM/DD/YYYY)

**APPLICANT INFORMATION**

<b>APPLICANT'S NAME (First Named Insured and Other Named Insureds)</b>	<b>MAILING ADDRESS OF FIRST NAMED INSUREDS (Include county and zip + 4)</b>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:15%;">INDIVIDUAL</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:15%;">CORPORATION</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:15%;">SUBCHAPTER "S" CORPORATION</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">LLC</td> </tr> <tr> <td><input type="checkbox"/></td> <td>PARTNERSHIP</td> <td><input type="checkbox"/></td> <td>JOINT VENTURE</td> <td><input type="checkbox"/></td> <td>NOT FOR PROFIT ORG</td> <td colspan="2"></td> </tr> </table>	<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	LLC	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">PROPOSED EFFECTIVE DATE</td> <td style="width:20%;">POLICY NO.</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;"><input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL</td> </tr> </table>	PROPOSED EFFECTIVE DATE	POLICY NO.				<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL
<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	SUBCHAPTER "S" CORPORATION	<input type="checkbox"/>	LLC																
<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	JOINT VENTURE	<input type="checkbox"/>	NOT FOR PROFIT ORG																		
PROPOSED EFFECTIVE DATE	POLICY NO.																						
		<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL																					
<b>INSPECTION CONTACT</b>	<b>PHONE (A/C, Number, Ext.)</b>																						

**PREMISES INFORMATION**

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	# OF FAMILIES	PURCHASE PRICE	DATE PURCHASED	PART OCCUPIED

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

	<b>LIMITS OF INSURANCE NEEDED</b>						
	<b>BUILDINGS</b>		<b>BUSINESS PERSONAL PROPERTY</b>				
	\$	\$					
<b>CONSTRUCTION TYPE</b>	<b>DISTANCE TO</b>	<b>PROTECTION CLASS</b>	<b>DEDUCTIBLE</b>	<b># STORIES</b>	<b>YEAR BUILT</b>	<b>TOTAL AREA</b>	
	<b>HYDRANT</b>		<b>FIRE STATION</b>				
	FT		MI				
<b>COVERED CAUSES OF LOSS</b>							
<b>BASIC GROUP I</b> <input type="checkbox"/> FIRE, LIGHTNING, EXPLOSION, VANDALISM, SPRINKLER LEAKAGE			<b>BASIC GROUP II</b> <input type="checkbox"/> WIND OR HAIL, SMOKE, AIRCRAFT OR VEHICLES, RIOT OR CIVIL COMMOTION, SINKHOLE COLLAPSE, VOLCANIC ERUPTION				
<b>PRIOR CARRIER INFORMATION</b>							
<b>CARRIER</b>			<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE - EXPIRATION DATE</b>		
					FROM:	TO:	
VANDALISM AND/OR SPRINKLER LEAKAGE AND/OR ALL BASIC GROUP II CAUSES OF LOSS MAY BE EXCLUDED ONLY BY SPECIFIC WRITTEN REQUEST SIGNED BY THE INSURED. (SEE STATEMENT ON REVERSE SIDE)							

**ADDITIONAL INTEREST**

INT #	<input type="checkbox"/>	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/>	ADDL INT		
INT #	<input type="checkbox"/>	MORTG'G	NAME AND ADDRESS	LOAN NUMBER
	<input type="checkbox"/>	ADDL INT		

**LOSS HISTORY**

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN
						CLOSED
						OPEN
						CLOSED

